



Legislative Testimony  
Public Health Committee  
Raised Bill No. 6618:

An Act Concerning Various Revisions to Public Health Related Statutes

Senator Gerratana, Representative Ritter, Senator Slossberg, Representative Lyddy, Senator Welch, Representative Perillo and members of the Public Health Committee, my name is Maureen Sullivan Dinnan. I am the executive director of the Health Assistance interVention Education Network for Connecticut Health Professionals, which was created in 2007 following the passage of Connecticut General Statute Section 19a-12a. HAVEN is the assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. I thank you for the opportunity to present this written testimony requesting clarification of sections 3, 4, and 5 of Bill No.6618, An Act Concerning Various Revisions to Public Health Related Statutes.

HAVEN supports the concepts raised in sections 3, 4, and 5 of Bill No. 6618. Concerns regarding language have been discussed with the Department of Public Health and we understand that the Department has submitted revised language. The following sets forth HAVEN's understanding of the revised language with language to be deleted in brackets and new language underscored.

**Revised Language Section 3:**

Sec. 3. Subsection (a) of section 19a-12a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) As used in this section, [and] section 19a-12b [and section 4 of this act]:

...

(3) "Health care professionals" includes any person licensed or who holds a permit pursuant to chapter 368v, 370, 372, 373, 375, 375a, 376, 376a, 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 383, 383a, 383b, 383c, 384, 384a, 384b, 384c, 384d, 385, 398 or 399 [and any institution licensed pursuant to chapter 368v];

**Comments:** The proposed bill attempts to add nursing home administrators to the list of healthcare professionals who may access confidential assistance and monitoring pursuant to Conn. Gen. Stat. Sec. 19a-12a. As the language was initially proposed, a health care

professional would be the institution, which would not be subject to assistance. This interpretation was not intended. The more accurate language defines health care professional as including any person licensed or who holds a permit pursuant to chapter 368v, which would include nursing home administrators.

#### **Revised Language Section 4:**

Sec. 4. Subsection (j) of section 19a-12a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(j) [(1)] Any [physician] health care professional, institution licensed in accordance with chapter 368v or state or local professional society or organization of health care professionals that refers a [physician] health care professional for intervention to the assistance program shall be deemed to have satisfied the obligations imposed on the person or organization pursuant to subsection (a) of section 20-12e, subsection (a) of section 20-13d, and Section 5 of this act, with respect to a [physician's] health care professional's inability to practice medicine with reasonable skill or safety due to chemical dependency, emotional or behavioral disorder or physical or mental illness.

[(2)] Any physician, physician assistant, hospital or state or local professional society or organization of health care professionals that refers a physician assistant for intervention to the assistance program shall be deemed to have satisfied the obligations imposed on the person or organization pursuant to subsection (a) of section 20-12e, with respect to a physician assistant's inability to practice with reasonable skill or safety due to chemical dependency, emotional or behavioral disorder or physical or mental illness.]

**Comments:** Section 5 of Bill 6618 requires any hospital, institution or health care professional with information that a health care professional may be unable to practice with skill or safety due to physical illness, mental illness, chemical dependence, or emotional disorder to file a petition with the Department of Public Health. This section makes clear that the requirement to file a petition may be satisfied by referring the professional to HAVEN as the assistance program recognized pursuant to Conn. Gen. Stat. Sec. 19a-12a. At the current time, there is mandated reporting for physicians and physician assistants under Conn. Gen. Stat. Sec. 20-12e and 20-13d. The proposed language mirrors existing language. A referral to HAVEN currently satisfies the mandated reporting requirement under existing subsections (j) (1) and (2). The initial language of Bill 6618 inadvertently failed to recognize Section 5 of the Bill and mistakenly attributed the mandated reporting requirement set forth in Conn. Gen. Stat. Section 20-13d to all professionals, while using language limited to physicians. The revised language more accurately reflects (1) mandated reporting applies to all health care professionals, (2) a referral to HAVEN satisfies the requirement to file a petition with the department, affording health care professionals confidential nondisciplinary access to treatment and monitoring, and (3) properly sets forth the applicable statutes.

Sec. 5. (NEW) (*Effective October 1, 2011*) [A] **Any institution licensed in accordance with chapter 368v or any health care professional as defined in Section 19a-12a, as amended by this act,** with information which appears to show that another health care professional is or may be unable to practice with reasonable skill and safety due to (1) physical illness or loss of motor skills, including, but not limited to, deterioration through the aging process, (2) emotional disorder or mental illness, or (3) chemical dependency shall, not later than thirty days after obtaining such information, file a petition with the Department of Public Health. Such petition shall be filed on forms supplied by the department, shall be signed and sworn to, and shall set forth in detail the matters complained of.

**Comment:** As noted above, at the current time, there is mandated reporting for physicians and physician assistants under Conn. Gen. Stat. Sec. 20-12e and 20-13d. The proposed language mirrors the existing language regarding physicians and physician assistants. Mandatory as opposed to permissive language is essential. As a confidential alternative to public discipline is available to health care professionals, it follows that mandated reporting should apply to those health care professionals. Under the current system without mandated reporting, a professional, such as a nurse, who may suffer from mental illness or chemical dependence is likely to be terminated from employment without notification to the Department or a referral to HAVEN. Nurses with chemical dependence may misuse substances at multiple facilities before coming to the attention of the Drug Control Division of the Department of Consumer Protection or the Department of Public Health. These nurses and other professionals do not timely access necessary treatment or undergo the monitoring which is essential to professional health and patient safety. Mandated reporting for all professionals lessens the likelihood that a professional who suffers from an illness that may impair his or her practice will be allowed to resign or be fired from a health care position and go to a new job where the employer or partners are unaware of the concerns at the prior work place, and so, patients remain at risk.

I would like to thank the Committee for allowing me to submit testimony on behalf of HAVEN, the health assistance program for Connecticut health professionals. Should you have any questions, I would be happy to make myself available at your convenience.

Respectfully submitted:

Maureen Sullivan Dinnan, J.D.  
Executive Director